

**Request to Negotiate Local Level of Performance  
4S1 Graduation  
2007-2008**

| Secondary District Information |  |
|--------------------------------|--|
| C-T-D                          |  |
| District Name                  |  |

| Contact Information |  |
|---------------------|--|
| CTE Administrator   |  |
| CTE Phone Number    |  |
| CTE Email Address   |  |

| Request Information/Background  |  |
|---|--|
| Requesting Local Level of Performance (LALP) for which Performance Measure: | <input type="checkbox"/> 4S1 GRAD (SALP 71%) |
| What is your District's current Level for this Performance Measure?         | <input type="checkbox"/> 4S1 _____%          |
| What Local Level are you requesting?  | _____%                                       |

| Justification for Request of LALP           |  |
|---|--|
| Explain why this request should be granted: |  |
| Describe strategies to address improvement: |  |

| Signatures   |  |
|--|--|
| CTE Administrator Signature                            |  |
| Date   |  |
| Superintendent/Authorized Secondary Designee Signature |  |
| Date   |  |

Fax this completed form to Development  
and Innovations Group at 602-542-1849.